



Rodney G. Sigua
DDS, MAGD, PLLC

•
10 Commercial St.
Concord, NH 03301

•
Tel: 603-223-6644
Fax: 603-224-1712

•
Toll-free: 866-DRSIGUA
www.drsgua.com

PERMISSION TO RELEASE HEALTH INFORMATION

I, _____ DO HEREBY GIVE
PERMISSION TO RELEASE ANY INFORMATION NEEDED TO THE
FOLLOWING PERSON(S) _____

(THIS PERMISSION INCLUDES INFORMATION REGARDING MY DENTAL
HEALTH CONDITION, FINANCES, APPOINTMENT SCHEDULING, ANY
OTHER INFORMATION).

I understand that this authorization is valid and in effect until such time
as I withdraw it in writing or in person.

PATIENT'S SIGNATURE: _____

DATE: _____